

**Impact of Medicare Prescription Drug Conference Proposal on  
Oregon Senior Citizens:  
Medicare at Risk  
Too Many Senior Citizens and Disabled Persons Worse Off**

**Medicare at Risk**

- 6 MSAs in Oregon could be selected for the premium support demonstration program.<sup>1</sup> In total, 368,416 Medicare beneficiaries in Oregon reside in MSAs that could be chosen for premium support.

Qualifying MSAs:

Bend  
Corvallis  
Eugene-Springfield  
Medford  
Portland-Vancouver-Beaverton  
Salem

- Premium variation under a full-blown premium support program could range from \$1,325 in Yamhill to \$675 in Columbia.<sup>2</sup>

**Senior Citizens and Disabled Persons Worse Off**

- 30,450 Medicare beneficiaries in Oregon will lose their retiree health benefits.<sup>3</sup>
- 63,400 Medicaid beneficiaries in Oregon will pay more for the prescription drugs they need.<sup>4</sup>
- 28,250 fewer seniors in Oregon will qualify for low-income protections than under the Senate bill because of the assets test and lower qualifying income levels.<sup>5</sup>
- 17,260 Medicare beneficiaries in Oregon will pay more for Part B premiums because of income relating.<sup>6</sup>

**(Footnotes)**

<sup>1</sup> Calculations based on CMS HMO participation data. MSAs that currently have 25% or more HMO penetration were considered qualifying; MSAs that could qualify by 2010 based on HMOs with current penetration rates of 15% or more.

<sup>2</sup> CMS Actuary.

<sup>3</sup> Current levels of state employer-sponsored insurance from K.Thorpe, "Potential Implications of the Medicare Prescription Drug Benefit on Retiree Health Care Benefits" September 13, 2003. Drop rate based on CBO estimates.

<sup>4</sup> Calculations based on the number of dual eligibles in state, Congressional Research Service Report RL31987, July 11, 2003. Oregon currently has no drug copayment.

<sup>5</sup> Calculations based on income data from Congressional Research Service Report RL31736, June 24, 2003; CBO estimates on loss of coverage due to assets test.

<sup>6</sup> Calculations based on data from Congressional Research Service Report RS21651, October 28, 2003.